

216020547  
99384

State of Nebraska  
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District 36	Agency Case No. B6-044108	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1	
A/1	DATE OF ACCIDENT	M M / D D / Y Y Y Y 05/20/2016		S M T W TH F S <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> (In Military Time)		STATE USE ONLY	
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	TIME OF ACCIDENT 1145	POLICE NOTIFIED 1147	05/20/2016	
B	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. 'O' ST/ 50-48		PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	ONE-WAY STREET? <input type="radio"/> YES <input checked="" type="radio"/> NO		LATITUDE
C	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.			LONGITUDE
D	IF AT INTERSECTION		IF NOT AT INTERSECTION				
2	NAME OF INTERSECTING ROADWAY		<input checked="" type="radio"/> FEET <input type="radio"/> MILES		N S E W	OF NEAREST STREET, BRIDGE, RAILROAD CROSSING	
V1/M	140.00		X		48TH ST		
V2/M	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN						
14	MILES		N S E W	AND MILES		OF NEAREST CITY OR TOWN	
E	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES		S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	
1	VEHICLE NO. 1						
F	DRIVER LICENSE NO.	H13385691		STATE (Of License)	NE	SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE	
V1/N	DRIVER ASHLEIGH D SAVAGE		PHONE 4027707985		LOCAL NO.		
V2/N	DRIVER ADDRESS 5831 N 23RD ST APT 211, LINCOLN, NE 68521		CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	06/24/1985	
2	OWNER ASHLEIGH D SAVAGE		PHONE 4028024775		LOCAL NO.		
G	OWNER ADDRESS 5831 N.211, LINCOLN, NE 68521		CITY, STATE, ZIP		CITATION <input type="radio"/> PENDING <input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO.	
H	LICENSE PLATE PA NO.	TZV957		YEAR (Plate Expires)	2017	STATE (Of Plate) NE	
V1/O	VEHICLE	2008	MAKE Dodge	MODEL CXT	BODY STYLE 4 door Sedan	COLOR black	
2	VEHICLE ID NO. (V1/N)	1B3HB48B68D577194		INSURANCE COMPANY PROGRESSIVE		ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 900	
V2/O	TOWED TO	TOWED BY		POLICY NO. 908400493			
I	VEHICLE NO. 2						
1	DRIVER LICENSE NO.	H12786318		STATE (Of License)	NE	SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE	
V1/P	DRIVER MERANDA SKOLAUT		PHONE 4028024775		LOCAL NO.		
V2/P	DRIVER ADDRESS 1126 S. 13TH, LINCOLN, NE 68502		CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	07/22/1985	
1	OWNER HEARTLAND OPTICAL INC		PHONE 4024763311		LOCAL NO.		
J	OWNER ADDRESS 1012 N 27TH ST, LINCOLN, NE 68503		CITY, STATE, ZIP		CITATION <input type="radio"/> PENDING <input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO. LB 511217	
V1/Q	LICENSE PLATE TE NO.	TZX744		YEAR (Plate Expires)	2016	STATE (Of Plate) NE	
V2/Q	VEHICLE	2016	MAKE Nissan	MODEL RLV	BODY STYLE Compact Utility	COLOR gray	
4	VEHICLE ID NO. (V1/N)	KNMAT2MV9GP594196		INSURANCE COMPANY NATIONWIDE		ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 1200	
K	TOWED TO	TOWED BY		POLICY NO. ACP BA 72-9-0049372			
01	Complete this section for all injured persons (Complete a continuation report, if more than three were injured)						
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	1 2 3 4 5	SEX M F	
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.		
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	1 2 3 4 5	SEX M F	
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.		
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	1 2 3 4 5	SEX M F	
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.		

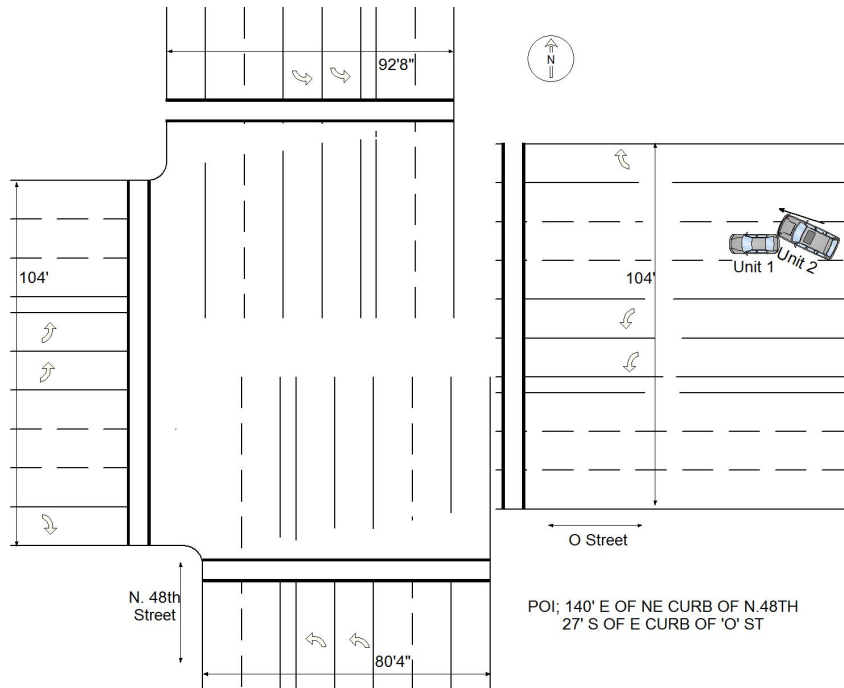
**THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS**

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.  
**B6-044108**



Indicate  
North  
by Arrow



POI: 140' E OF NE CURB OF N.48TH  
27' S OF E CURB OF 'O' ST

**DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION**

Driver of veh #1 thought she was stopped in the 2nd lane from N curb on 'O'st/ 50-48th for a red traffic signal at 48th/ 'O'st for W bound travel. Veh #1 could have been in 3rd lane from N curb. Driver of veh #2 thought she was W bound on 'O'st/ 50-48th in the 3rd lane from N curb at apprx 25 mph in 40 mph zone. Driver of veh #2 thought traffic was moving W bound & upon seeing that veh #1 was stopped, braked & took evasive action turning to 2nd lane from N curb & struck rear of veh #1 still in 3rd lane from N curb. Veh's were moved prior to ofc contact. Driver of veh #2 contacted at her work place after invest at scene.

<b>PROPERTY</b>	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE <b>\$</b>
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE <b>\$</b>
<b>WITNESSES</b>	NAME				PHONE
	NAME				PHONE

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA <i>(Enter numbers for each vehicle)</i>				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS						
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME		VEHICLE 1		VEHICLE 2		VEHICLE 1		VEHICLE 2		VEH 1	3	VEH 2	1
1				X	'O' ST/ 50-48TH		POINT OF IMPACT	04	POINT OF IMPACT	08	<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-around;"> <span>4</span><span>4</span> </div> </div>		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-around;"> <span>2</span><span>2</span> </div> </div>		Driver No. 1	Driver No. 2	Pedestrian	
2				X	'O' ST		MOST DAMAGED AREA	04	MOST DAMAGED AREA	08	<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-around;"> <span>2</span><span>2</span> </div> </div>		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-around;"> <span>2</span><span>2</span> </div> </div>		Y	Y	Y	
1	11	06 Turning left				00 None		02		03		04		N	X	N	X	N
2	01	08 Entering traffic lane				09 Top & windows		01		05		06		BAC LEVEL		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-around;"> <span>1</span><span>1</span> </div> </div>		
					01 Essentially straight ahead				09 Leaving traffic lane				<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-around;"> <span>1</span><span>1</span> </div> </div>					
					02 Backing				10 Parked				<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-around;"> <span>1</span><span>1</span> </div> </div>					
					03 Changing lanes				11 Slowing or stopped in traffic				<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-around;"> <span>1</span><span>1</span> </div> </div>					
					04 Overtaking/ Passing				12 Other				<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-around;"> <span>1</span><span>1</span> </div> </div>					
					05 Turning right				13 Unknown				<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-around;"> <span>1</span><span>1</span> </div> </div>					

OFFICER NO. <b>716</b>	TROOP/ TEAM/ BEAT <b>NE</b>	DEPARTMENT <b>Lincoln Police Department</b>	<b>Photographs taken?</b> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INVESTIGATOR NAME (Print or Type) <b>David Domeier</b>		INVESTIGATOR SIGNATURE <b>Approved by Officer David Domeier</b>	
DATE OF REPORT <b>05/20/2016</b>			